

**BUSH GOTTLIEB SINGER LÓPEZ  
KOHANSKI ADELSTEIN & DICKINSON  
A Law Corporation**

David Adelstein  
David J. Ahdoot  
Jeffrey R. Boxer  
Robert A. Bush  
Pamela Chandran  
Enca Deutsch  
Peter S. Dickinson+

500 North Central Avenue  
Suite 800  
Glendale, California 91203  
Telephone (818) 973-3200  
Facsimile (818) 973-3201

\* Also admitted in New York  
+ Also admitted in Nevada

*Charge*

Ira L. Gottlieb\*  
Joseph A. Kohanski\*  
Robert Kropp, Jr.  
Minam López  
Hope J. Singer  
Jason Wojciechowski  
Melvin Yee

**File No:**  
11630-22051

November 2, 2012

**Direct Dial No.:**  
(818) 973-3257  
EDeutsch@BushGottlieb.com

**VIA FACSIMILE & US MAIL**

Yaneth Palencia  
National Labor Relations Board  
Region 31  
11150 W. Olympic Boulevard, Ste. 700  
Los Angeles, CA 90064-1824

Re: Charge Against Employer

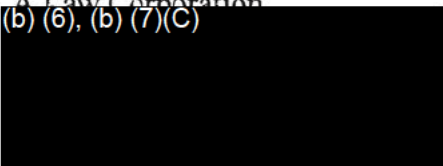
Dear Ms. Palencia:

Enclosed please find a Charge Against Employer Inland Counties Regional Center, Inc.  
by SEIU, Local 721.

Very truly yours,

Bush Gottlieb Singer López  
Kohanski Adelstein & Dickinson  
A Law Corporation

(b) (6), (b) (7)(C)



Form NLRB - SD1 (2-08)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER**

**INSTRUCTIONS:**

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
31-CA-092484	11-2-12

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer Inland Counties Regional Center, Inc.		b. Tel. No. (909)890-3000
d. Address (street, city, state ZIP code) 1365 S Waterman Ave, San Bernardino, Ca 92408-2804	e. Employer Representative (b) (6), (b) (7)(C)	c. Cell No.
		f. Fax No.
		g. e-Mail
i. Type of Establishment (factory, nursing home, hotel) Social Services		h. Dispute Location (City and State) San Bernardino, CA
j. Principal Product or Service Developmental Disability Services		k. Number of workers at dispute location 50

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

Within the past six months, the Employer, by its managers, supervisors and/or agents, violated Section 8(a)(1) of the Act by engaging in the following conduct:

On or about May 9, 2012, placing flyers in employee mailboxes that threatened employees with loss of benefits because of the Union.

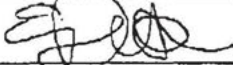
By the above acts, the above-named Employer has interfered with, restrained and coerced employees in the exercise of the rights guaranteed by Section 7 of the Act.

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**

Service Employees International Union, Local 721

4a. Address (street and number, city, state, and ZIP code) 1545 Wilshire Blvd, Los Angeles, Ca 90017-4501	4b. Tel. No. (213)388-8680
	4c. Cell No.
	4d. Fax No. (213)380-8040
	4e. e-Mail

**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)**

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (818)973-3257
By: 	Erica Deutsch, Attorney at Law	Office, if any, Cell No.
(signature of representative or person making charge)	Print Name and Title	Fax No. (818)973-3201
Address: 500 N. Central Ave., Ste 800, Glendale, CA 91203	Date: Nov. 2, 2012	e-Mail edeutsch@bushgottlieb.com

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1-710485934



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 31  
11150 W OLYMPIC BLVD  
STE 700  
LOS ANGELES, CA 90064-1825

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (310)235-7351  
Fax: (310)235-7420

November 2, 2012

(b) (6), (b) (7)(C)

INLAND COUNTIES REGIONAL CENTER, INC.  
1365 S WATERMAN AVE  
SAN BERNARDINO, CA 92408-2804

Re: Inland Counties Regional Center, Inc.  
Case 31-CA-092484

Dear (b) (6), (b) (7)(C):

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Attorney YANETH PALENCIA whose telephone number is (310)235-7167. If this Board agent is not available, you may contact Supervisory Field Attorney STEVEN WYLLIE whose telephone number is (310)235-7316.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, [www.nlrb.gov](http://www.nlrb.gov), or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly. **Due to the nature of the allegations in the enclosed unfair labor practice charge, we have identified this case as one in which injunctive relief pursuant to Section 10(j) of the Act may be appropriate.** Therefore, in addition to investigating the merits of the unfair labor practice allegations, the Board agent will also inquire into those factors relevant to making a determination as to whether



November 2, 2012

or not 10(j) injunctive relief is appropriate in this case. Accordingly, please include your position on the appropriateness of Section 10(j) relief when you submit your evidence relevant to the investigation.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

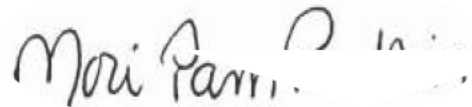
We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

**Procedures:** We strongly urge everyone to submit all documents and other materials (except unfair labor practice charges and representation petitions) by E-Filing (not e-mailing) through our website, [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, [www.nlr.gov](http://www.nlr.gov) or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Mori Pam Rubin". The signature is written in a cursive, flowing style.

MORI PAM RUBIN  
Regional Director

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

cc: SEAN GIBBONS, ESQ.  
221 N FIGUEROA ST  
STE 1200  
LOS ANGELES, CA 90012-2663

Revised 3/21/2011

## NATIONAL LABOR RELATIONS BOARD

**QUESTIONNAIRE ON COMMERCE INFORMATION**

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

Inland Counties Regional Center, Inc.

CASE NUMBER

31-CA-092484

**1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)****2. TYPE OF ENTITY**☐ CORPORATION ☐ LLC ☐ LLP ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ OTHER (Specify )**3. IF A CORPORATION or LLC**A. STATE OF INCORPORATION  
OR FORMATION

B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

**4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS****5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR****6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).****7. A. PRINCIPAL LOCATION:****B. BRANCH LOCATIONS:****8. NUMBER OF PEOPLE PRESENTLY EMPLOYED**

A. Total:

B. At the address involved in this matter:

**9. DURING THE MOST RECENT (Check appropriate box): ☐ CALENDAR YR ☐ 12 MONTHS or ☐ FISCAL YR (FY dates )**A. Did you **provide services** valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value.  
\$

YES NO

B. If you answered no to 9A, did you **provide services** valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided.  
\$C. If you answered no to 9A and 9B, did you **provide services** valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$D. Did you **sell goods** valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$E. If you answered no to 9D, did you **sell goods** valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount.  
\$F. Did you **purchase and receive goods** valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$G. Did you **purchase and receive goods** valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$H. **Gross Revenues** from all sales or performance of services (Check the largest amount)  
☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 or more If less than \$100,000, indicate amount.I. **Did you begin operations within the last 12 months?** If yes, specify date: \_\_\_\_\_**10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?**☐ YES ☐ NO (If yes, name and address of association or group).**11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS**

NAME

TITLE

E-MAIL ADDRESS

TEL. NUMBER

**12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE**

NAME AND TITLE (Type or Print)

SIGNATURE

E-MAIL ADDRESS

DATE

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**INLAND COUNTIES REGIONAL CENTER, INC.**

Charged Party

and

**SERVICE EMPLOYEES INTERNATIONAL  
UNION, LOCAL 721**

Charging Party

**Case 31-CA-092484**

**AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, state under oath that on November 2, 2012, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

**(b) (6), (b) (7)(C)**

INLAND COUNTIES REGIONAL CENTER, INC.  
1365 S WATERMAN AVE  
SAN BERNARDINO, CA 92408-2804

SEAN GIBBONS, ESQ.  
221 N FIGUEROA ST  
STE 1200  
LOS ANGELES, CA 90012-2663

November 2, 2012

\_\_\_\_\_  
Date

Aide Carretero, Designated Agent of  
NLRB

\_\_\_\_\_  
Name

/s/ Aide Carretero

\_\_\_\_\_  
Signature



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 31  
11150 W OLYMPIC BLVD  
STE 700  
LOS ANGELES, CA 90064-1825

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (310)235-7351  
Fax: (310)235-7420

November 2, 2012

ERICA DEUTSCH, ATTORNEY AT LAW  
BUSH GOTTLIEB SINGER LOPEZ KOHANSKI  
ADELSTEIN & DICKINSON  
500 N CENTRAL AVE, STE 800  
GLENSDALE, CA 91203-3345

Re: Inland Counties Regional Center, Inc.  
Case 31-CA-092484

Dear Ms. Deutsch:

The charge that you filed in this case on November 2, 2012 has been docketed as case number 31-CA-092484. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge will be investigated by Field Attorney YANETH PALENCIA whose telephone number is (310)235-7167. If the Board agent is not available, you may contact Supervisory Field Attorney STEVEN WYLLIE whose telephone number is (310)235-7316.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, [www.nlrb.gov](http://www.nlrb.gov), or at the Regional office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.



November 2, 2012

**Procedures:** We strongly urge everyone to submit all documents and other materials (except unfair labor practice charges and representation petitions) by E-Filing (not e-mailing) through our website [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website [www.nlr.gov](http://www.nlr.gov) or from the Regional Office upon your request. *NLRB Form 4541, Investigative Procedures* offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Mori P. Rubin". The signature is written in a cursive, flowing style.

MORI PAM RUBIN  
Regional Director

cc: SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 721  
1545 WILSHIRE BLVD  
LOS ANGELES, CA 90017-4501

**BUSH GOTTLIEB SINGER LÓPEZ  
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+ Also admitted in Nevada

File No:

11630-22051

November 2, 2012

Direct Dial No.:

(818) 973-3257

EDeutsch@BushGottlieb.com

**(b) (6), (b) (7)(C)**

Inland Counties Regional Center, Inc.  
1365 S. Waterman Avenue  
San Bernardino, CA 92408-2804

Re: SEIU Local 721 - Charge Against Employer

Dear **(b) (6), (b) (7)(C)**:

Attached is a charge filed today with Region 31 of the National Labor Relations Board.

Very truly yours,

Bush Gottlieb Singer López  
Kohanski Adelstein & Dickinson  
A Law Corporation

**(b) (6), (b) (7)(C)**

enclosure

cc: Yaneth Palencia, NLRB

## 8.17 RETIREE MEDICAL REIMBURSEMENT PLAN

Inland Regional Center established a Retiree Medical Reimbursement Plan and related trust July 1, 1988. The primary purpose of the plan is to provide reimbursement for medical expenses for the medical care of each participant of the Plan, the Participant's spouse, and the Participant's dependents **as long as funds remain in the trust.**

Retiree's who meet the qualifications of a "participant" as defined by the plan are eligible to receive benefits under the Retiree Medical Reimbursement Plan adopted by the center's Board of Trustees. "Participant" is defined by the plan as an employee of the corporation who:

1. a. Was hired before January 1, 1997 and separates from service with Corporation on or after attainment of age 55 and completion of 15 years (31,320 hrs.) of service or age 65 and 10 years of service (20,800 hrs.).  
b. Was hired after January 1, 1997 and separates from service on attainment of 55 years and 25 years (52,200 hours) or age 65 and 20 years (41,760 hours) of service.
2. Has had at least five (5) years of full-time or full-time equivalent employment that is paid at least 70% from Regional Center's operations funds derived from its contract with the Department of Developmental Services.
3. Is not included in a unit of employees covered by a collective bargaining agreement, if accident and health benefits were subject to such collective bargaining.

**UNION MEANS NO LIFETIME MEDICAL**

Eligible participants are allotted an annual benefit which is calculated at the beginning of each plan year, July 1. The annual benefit is equal to:

1. The annual employer premium cost that Corporation would incur during the plan year if the participant, his spouse and dependents were covered under the medical care insurance plan which actually insured participant when participant separated from service. If, at any time, Corporation ceases to sponsor the participant's insurance plan in effect at separation from service, the coverage limit will be the highest annual employer premium cost among all medical care insurance plans then sponsored by Corporation or;
2. If the participant was not enrolled in any insurance plan at separation from service the coverage limit will be the highest annual employer premium cost among all medical care insurance plans then sponsored by Corporation.
3. If Corporation ceases to provide medical care insurance, the coverage limit shall be determined with reference to the annual employer premium cost in the last plan year such medical care insurance was provided.
4. If the premium cost increases during the plan year, the Participant's Benefit will be recalculated using the increased premium cost for the balance of the Plan Year.

**Exhibit 1A**





# INLAND REGIONAL CENTER

...valuing independence, inclusion and empowerment

674 Brier Drive, San Bernardino, CA 92408

P.O. Box 6127, San Bernardino, CA 92412-6127

Telephone: 909-890-3000

Fax: 909-890-3001

## Retirees' Medical Reimbursement Plan

In 1988, the IRC Board of Trustees approved a program that was designed to provide its retirees with some assistance with their medical costs. To fund this program a Trust was established. Information about the eligibility for this program and the benefit amount is available from HR. Following the implementation of this program, the Trust was funded as excess Operation's money became available. Needless to say, the funding was inconsistent and sporadic.

In auditing the 1998-2001 fiscal years, the Department of Developmental Services focused on the Trust and ultimately disputed the allocations IRC had made to the Trust. They demanded that the Trust be dissolved and the money returned to the state. IRC appealed this ruling and after literally years of struggle the matter was settled. The Plan and Trust will remain in place for the benefit of the retiring staff but the ongoing funding of the Trust has been severely restricted.

As a result IRC is only able to guarantee to its employees and retirees that all the funds currently in the Retirees' Medical Reimbursement Trust will be used to fund the benefits as described in the Plan. Once the funds in the Retirees' Medical Reimbursement Trust are exhausted IRC's Retirees' Medical Reimbursement Plan will cease to exist and IRC will be under no obligation for additional funding of this benefit.

\*\*\*\*\*

In accordance with the above, I acknowledge the following:

1. That information on the Retirees' Medical Reimbursement Plan is available to me in HR.
2. That I have been clearly informed and that I understand that I am unable to depend upon this benefit beyond its current funding level.
3. That neither the state, nor IRC nor its Board of Trustees are under any obligation to provide additional funding for this benefit.

Exhibit 1B

6/13/12

RE: LETTER OF CONCERN

TO: SEILL, DDS, STATE REPRESENTATIVES, LABOR BOARD

I have worked at Inland Regional Center for (b) (6), (b) (7)(C) (b) (6), (b) (7)(C). I have been proud to represent this company with honor and a great deal of dedication. I understand the States financial hardships and can accept that. However, due to mismanagement of funds we are now in probation, and that is unacceptable.

Today we had a Mandatory meeting where we heard some of the things we are doing as a company to be better and that is great, however not all information was accurate. I was so disappointed that (b) (6), (b) (7)(C) would include (b) (6), (b) (7)(C) opinions on Unions, and present a powerpoint on voting NO for Union. This is unprofessional and should not have been presented in the work place.

After the meeting some employees received threatening E-mails, cars were keyed and employees were extremely fearful of retaliation and fear for their well being.

I thought you should know what is happening here.

Anonymous For FEAR OF RETALIATION

Evh. 2



(b) (6), (b) (7)(C)

Signed Card

Entered: 6/15/2012 06/14/2012 (b) (6), (b) (7)(C) Per (b) (6), (b) (7)(C), questioning about dues and losing benefits after the mandatory meeting. Does not want to fill out the survey.

(b) (6), (b) (7)(C)

6/28/2012 Survey Asmt: 3

Signed Card 5/2/2012

Entered: 6/15/2012 06/14/2012 (b) (6), (b) (7)(C): Per (b) (6), (b) (7)(C), questioning about dues and losing benefits after the mandatory meeting. Does not want to fill out the survey.

Exhibit 4

**From:** [Erica Deutsch](#)  
**To:** [Palencia, Yaneth](#)  
**Cc:** [Wyllie, Steven](#)  
**Subject:** Re: Inland Counties, 31-CA-091918  
**Date:** Thursday, December 6, 2012 4:18:46 PM

---

Thank you.

Sent from my iPhone

On Dec 6, 2012, at 1:34 PM, "Palencia, Yaneth" <[Yaneth.Palencia@nlrb.gov](mailto:Yaneth.Palencia@nlrb.gov)> wrote:

Thanks Erica.

I will process the new amended charge that we received.

As far as the other charge (the one pertaining to the mailbox allegation), per our conversation yesterday, I will process the withdrawal of that charge. I don't have the case number with me since at home but will be in office tomorrow. Thanks.

Yaneth Palencia  
Field Attorney  
NLRB, Region 31.

---

**From:** Erica Deutsch [[edeutsch@bushgottlieb.com](mailto:edeutsch@bushgottlieb.com)]  
**Sent:** Tuesday, December 04, 2012 8:29 PM  
**To:** Palencia, Yaneth  
**Subject:** Re: Inland Counties, 31-CA-091918

Yes I will get you the amendment tomorrow. Still waiting to hear from my client on the other issue but I recommended withdrawing.

Sent from my iPhone

On Dec 4, 2012, at 5:14 PM, "Palencia, Yaneth" <[Yaneth.Palencia@nlrb.gov](mailto:Yaneth.Palencia@nlrb.gov)> wrote:

Hi Erica:

I have prepared an amended charge in the above referenced case. The amendment would add that, on or about August 24, 2012, (b) (6), (b) (7)(C) threatened employees loss of retirement benefits in violation of 8(a)(1). I discovered evidence of this as I was interviewing witnesses about the meeting (b) (6), (b) (7)(C) had with them on the day of the Board affidavits. If you recall, the original charge (as noted in the attachment) alleges (b) (6), (b) (7)(C) interfered with employees' right to participate in NLRB investigation in violation of 8(a)(1) and (4).

I am assuming you would want to amend the charge for us to decide this issue. If so, please advise me you will amend and sign and date the charge and fax back immediately. Advise me once you have done so since I am only coming into the office periodically. I figured you would want to amend.

Can you call me tomorrow. You can call me at my cell (b) (6), (b) (7)(C) so we can discuss this and the other matter we spoke about today. Thanks.  
Yaneth

<AMENDED CA-091908 CHARGE.docx>

=====  
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# LOG FOR MAILBOX ALLEGATION

(31-CA-092484)

-ALL OTHER EVIDENCE NOT IN FILE CA-092484 IS IN MAIN  
RELATED CASE FILE 31-CA-082328.

November 27, 2012: (b) (5), (b) (6), (b) (7)(C)

(b) (5), (b) (6), (b) (7)(C)

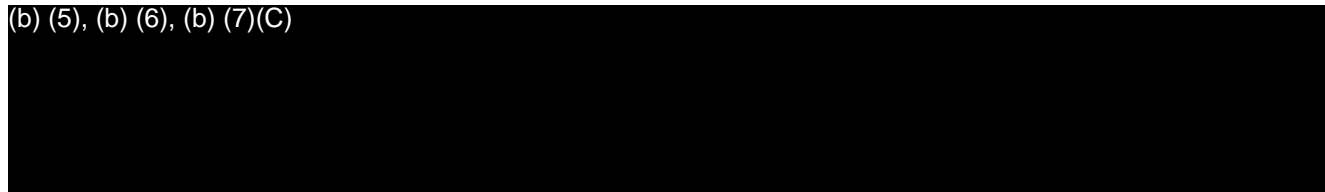
November 27, 2012: Called (b) (6), (b) (7)(C) -left VM on 11-27 that  
it is urgent (b) (6), (b) (7)(C) call me.

November 27, 2012: Called (b) (6), (b) (7)(C) to please return call asap.


November 27, 2012: Called employee (b) (6), (b) (7)(C), who is the employee  
who can testify (b) (6), (b) (7)(C). This is second time calling (b) (6), (b) (7)(C). (b) (6), (b) (7)(C) did not  
return my earlier call. Please give me call asap.

November 28, 2012: Called (b) (6), (b) (7)(C)

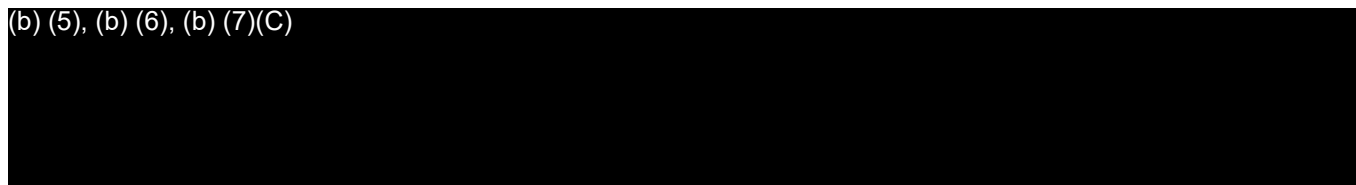
(b) (5), (b) (6), (b) (7)(C)

A large rectangular black box redacting the text in this section.

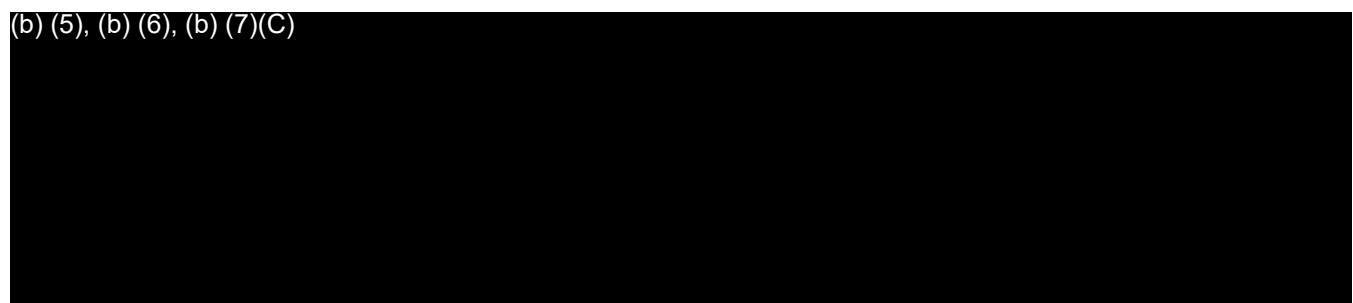
(b) (6), (b) (7)(C)

A rectangular black box redacting the text in this section.

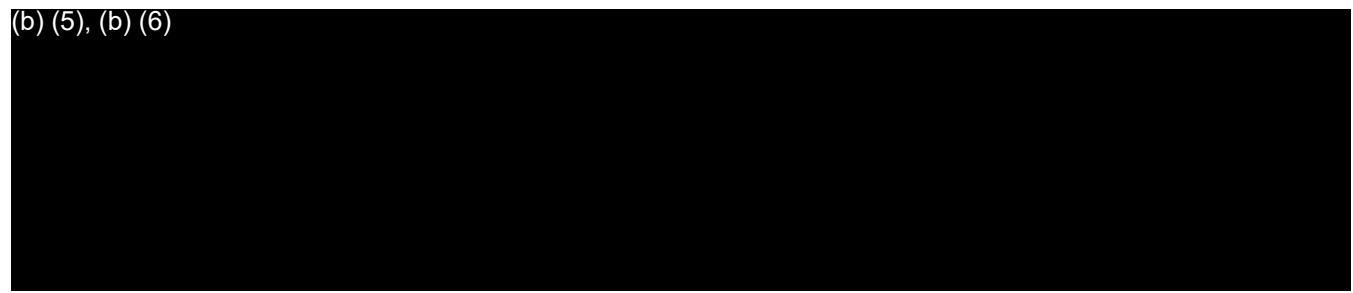
(b) (5), (b) (6), (b) (7)(C)

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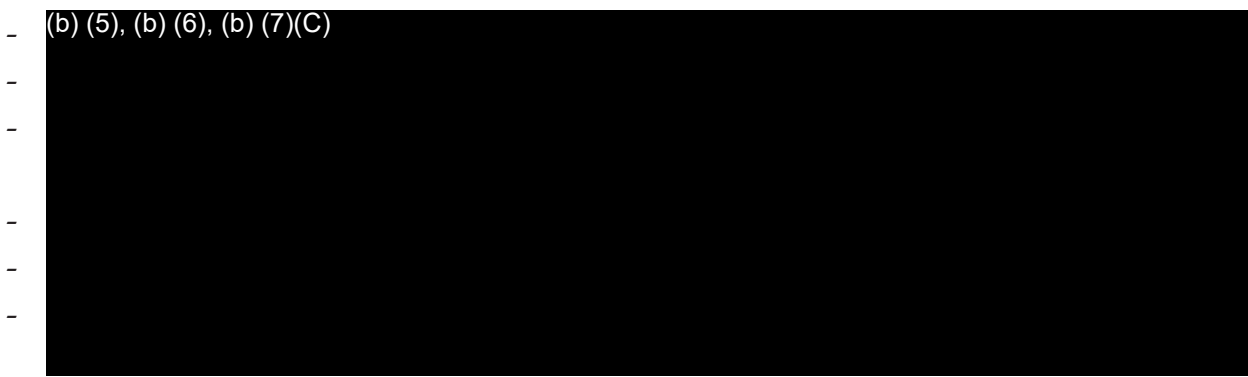
(b) (5), (b) (6), (b) (7)(C)

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(b) (5), (b) (6)

A large rectangular black box redacting the text in this section.

- (b) (5), (b) (6), (b) (7)(C)

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**November 28, 2012:** Spoke with Union attorney Erica that 31-CA-092484 and 31-CA-092766 contains the same allegations. Same charge except different case numbers. So one needs to be withdrawn. She said that she would like to



withdraw the one filed at a later date. Spoke about 10(b) SOL and ER receiving copy of withdrawal letter.

**November 29, 2012:** Called (b) (6), (b) (7)(C). Please give me call back. I have not heard from you.

**November 29, 2012:** Called (b) (6), (b) (7)(C). Please give me call back. I have not heard from you. We were scheduled to speak today.

**November 29, 2012:** Erica Deutsch 818-973-3257. Left VM for me to call her back. Returned her call at 3:36 p.m.

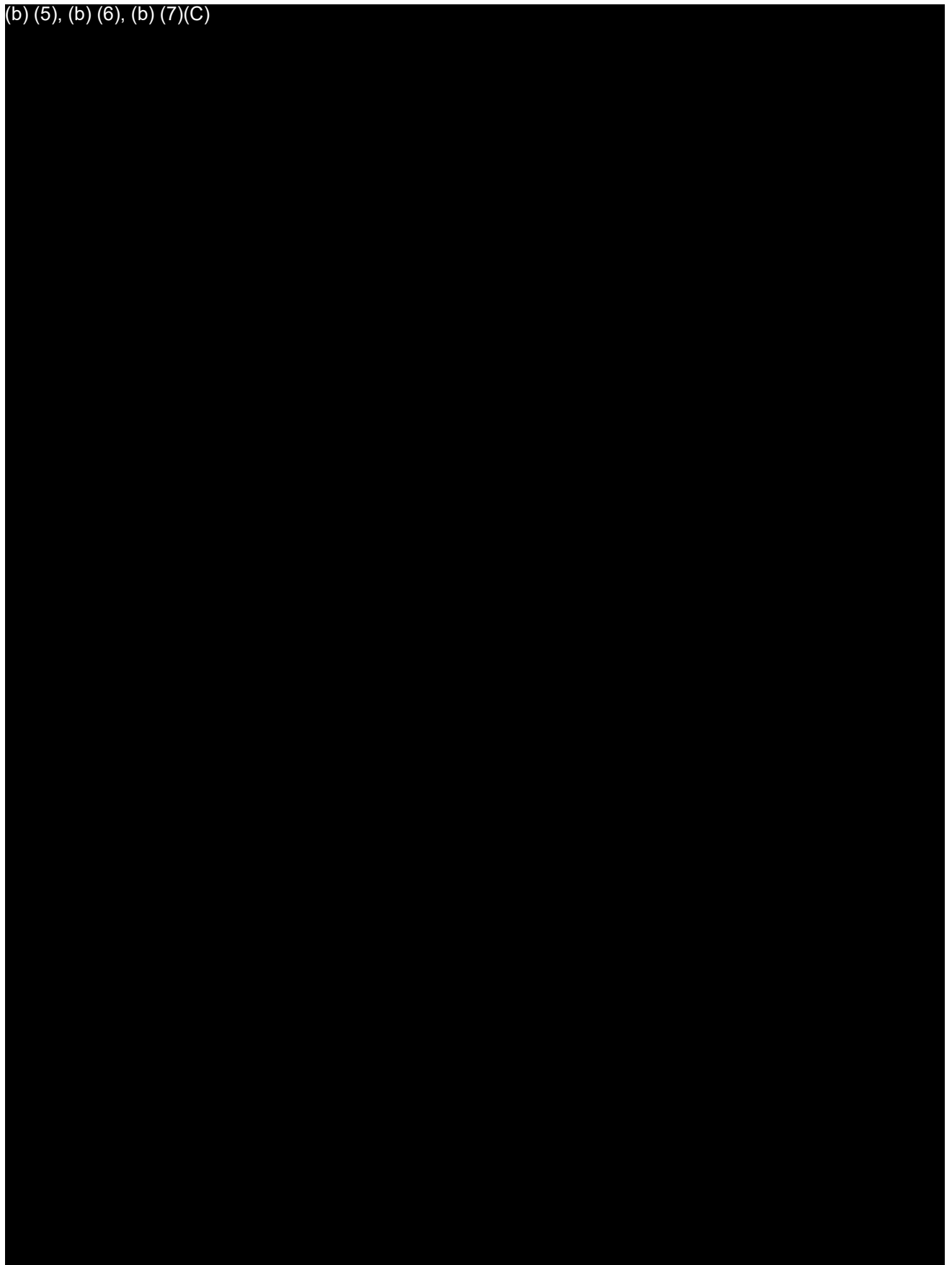
November 29, 2012: (b) (6), (b) (7)(C) called. (b) (6), (b) (7)(C) is with SEIU.

November 29, 2012: Called (b) (6), (b) (7)(C) at (b) (6), (b) (7)(C).


(b) (5), (b) (6), (b) (7)(C)



(b) (5), (b) (6), (b) (7)(C)

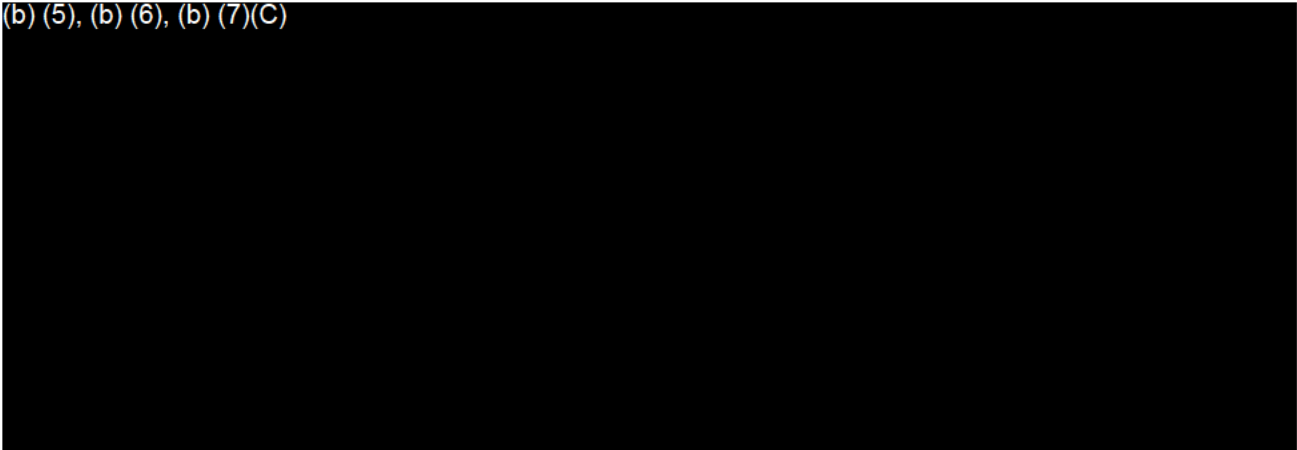


(b) (5), (b) (6), (b) (7)(C)



December 4, 2012 at 10:42 a.m. (b) (6), (b) (7)(C) Conversation

(b) (5), (b) (6), (b) (7)(C)



December 4, 2012 at 10:42 a.m.: Called Employee (b) (6), (b) (7)(C) at (b) (5), (b) (6), (b) (7)(C)



December 4, 2012 at 10:42 a.m.: Called (b) (6), (b) (7)(C) and left VM at 10:48 a.m.

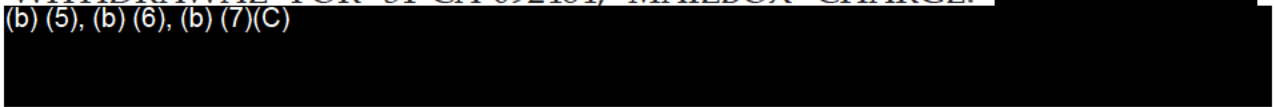
December 4, 2012: Spoke with Erica Deutsch. (b) (5), (b) (6), (b) (7)(C)

(b) (5), (b) (6), (b) (7)(C)

December 4, 2012: at 4:16p .m. Called Union Attorney Erica Deutsch. (b) (6), (b) (7)(C)  
(b) (6), (b) (7)(C), (b) (5)



December 5, 2012: Union Attorney Erica Deutsch gave me VERBAL  
WITHDRAWAL FOR 31-CA-092484, MAILBOX CHARGE. (b) (5), (b) (6), (b) (7)(C)  
(b) (5), (b) (6), (b) (7)(C)





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
REGION 31  
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LOS ANGELES, CA 90064-1825

Agency Website:  
[www.nlr.gov](http://www.nlr.gov)  
Telephone: (310)235-7351  
Fax: (310)235-7420

December 10, 2012

Sean Gibbons, Esq.  
221 N Figueroa St., Ste 1200  
Los Angeles, CA 90012-2663

Re: Inland Counties Regional Center, Inc.  
Case 31-CA-092484

Dear Mr. Gibbons:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

*/s/ Mori Pam Rubin*

Mori Pam Rubin  
Regional Director

cc: **(b) (6), (b) (7)(C)**  
Inland Counties Regional Center, Inc.  
1365 S Waterman Ave  
San Bernardino, CA 92408-2804

Erica Deutsch, Esq.  
Bush Gottlieb Singer Lopez Kohanski  
Adelstein & Dickinson  
500 N Central Ave., Ste 800  
Glendale, CA 91203-3345

Service Employees International Union, Local 721  
1545 Wilshire Blvd  
Los Angeles, CA 90017-4501